

DOCUMENT NAME: DITY Move Shipments**DAFIS DOCUMENT TYPE: 17**

1. **Description:** Do it yourself, DITY move.
2. **Primary Forms:** DD-1351-2, Travel Voucher or Subvoucher
3. **Related Forms**
 - *CG-5131, Standard Travel Order For Military Personnel
 - *DD-214, Certificate of Release or Discharge from Active Duty
 - DD-1299, Application for Shipment and/or Storage of Personal Property (See Note 2)
 - SF-1166, Voucher and Schedule of Payments (See Note 3)
 - *Authorization Letter for Retirement
 - *District Housing Authorization Letter

Note 1: Complete preparation of these forms is vital.

Note 2: DD-2278 may be substituted for DD-1299, and if used no approval letter or worksheet is required.

Note 3: SF-1166 must be clearly identified as DITY advance.

Note: * One of these will apply to each DITY move.

4. Document Number:

- a. For PCS move use the TONO number from the PCS orders.

SAMPLE: 1794234P12345

Document Type	FY Funded	Last nine digits of TONOSuffix
17	94	234P12345

- b. For PCS move supported by DD-214, member's Social Security Number is used in lieu of TONO.

SAMPLE: 1794123121234

Document Type	FY Funded	Member's Social Security NumberSuffix
17	94	123121234

- c. For District housing authorized move, use standard procedures for numbering.

SAMPLE: 1794904FAB001

4. c. (cont'd)

<u>Document Type</u>	<u>FY Funded</u>	<u>Procurement Site Code</u>	<u>FY Contract Originated</u>	<u>Region</u>	<u>Program Element</u>	<u>Document Sequence</u>	<u>Suffix</u>
17	94	90	4	F	AB	001	

5. **Accounting Line:**

- a. For PCS, the accounting line should be on orders or in retirement letter. Object Class will be changed to 2221 for transportation of HHG-PCS.

SAMPLE: 2/P/401/299/22/0/22/78040/2221

- b. For housing authorized local DITY move, the accounting line should be in the authorization letter from housing.

SAMPLE: 2/F/401/136/30/0/AB/12345/2221

6. **FINCEN Critical Processing Requirements:** Members must ensure all forms are completed in entirety. The following information is critical for processing:

- a. DD-1351-2. Claim for reimbursement must contain the following:

- (1) Name, SSN, complete mailing address.
- (2) Standard DAFIS travel order number.
- (3) Total advance payment received.
- (4) Complete itinerary - block 1.
- (5) DITY move expenses - block 5.
- (6) Signature and date - block 14.

- b. The following supporting documentation must accompany the claim:

- (1) DD-2278.
- (2) Original certified weight tickets.
- (3) Original copy of paid rental contract.
- (4) DITY Move Certificate.
- (5) Copy of PCS order.

- c. Claims for reimbursement must be submitted with supporting documentation directly to Dity Moves, USCG Finance Center, P. O. Box 4102, Chesapeake, VA 23327-4102.

6. d. Requests for DITY move advances must be submitted to the local travel office for payment authorization.

7. Other Information:

- a. If vehicle used is borrowed, a statement from owner is needed giving permission for use and type of vehicle.
- b. If weight ticket(s) are not available and transportation officer has verified they were unattainable and given a constructed weight for shipment, the need for certified weight tickets will be considered met.
- c. "After-the-Fact" approval will follow guidelines established in the COMDTINST M4050.6, Coast Guard Personal Property Transportation Manual.

8. LUFS Information:

- a. Obligation will transmit electronically via LUFS.
- b. A copy of the form should be mailed to FINCEN and should have the statement on the face of the document.

"OBLIGATION TRANSMITTED ELECTRONICALLY VIA LUFS"

- c. When transmitting to FINCEN only the obligation accounting information (XA record) will be sent.

9. Document Flow:

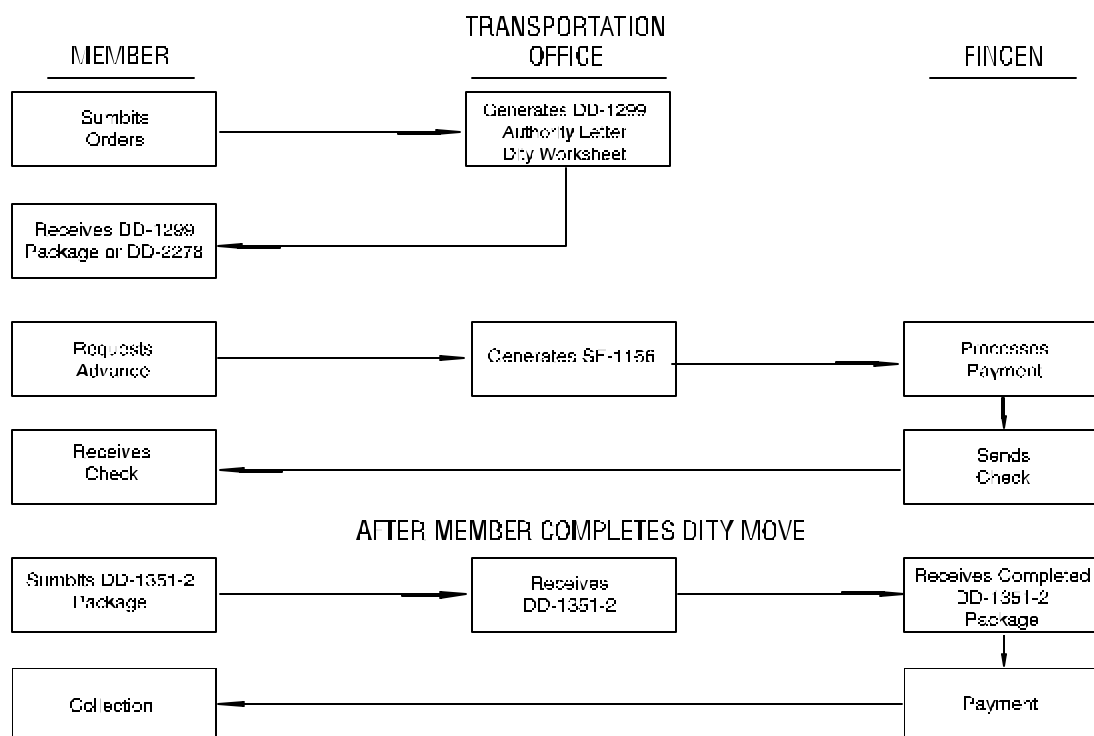


Figure 12C-30 DITY Move Shipments

9. (cont'd)

Note DD-1351-2 Package includes the DD-1351-2, CG-5131, DD-1299, SF-1166, copies of rental contracts on loan offer, and other receipts.

- a. Figure 12C-30 describes the procedures for processing DITY Move Shipments when payment is made by check.
- b. The member submits sufficient copies of orders to satisfy distribution requirements to the transportation officer.
- c. The transportation office generates DD-1299, DITY Authorization Letter, and DITY Worksheet, or DD-2278 and returns to member.
- d. DITY advance requests by eligible members can be processed three different ways:
 - (1) Through ACO issuing travelers checks.
 - (2) IMPREST fund advancing cash.
 - (3) DD-1166 forwarded to FINCEN for check to be issued.

Regardless of method used to get an advance it must be clearly identified on back of members orders and on DD-1351-2 so FINCEN can liquidate when payment is made.

- e. When move is completed, member submits DITY move package with all appropriate documents attached to Dity Moves, USCG Finance Center, P. O. Box 4102, Chesapeake, VA 23327-4102.
- f. Transportation office completes DITY worksheet, if applicable, checks for completeness of package, and forwards to Dity Moves, USCG Finance Center, P. O. Box 4102, Chesapeake, VA 23327-4102 for payment.
- g. FINCEN receives complete package, reviews, liquidates advance, and processes for pay.

10. Sample Forms: See Figures 12C-31, 12C-32 and 12C-33.**11. PES Report Sample:**

DOCUMENT ID	TRANS CODE	BATCH NUMBER	COST CENTER	OBJ CLASS	COMMIT	UNDELIVERED ORDERS	ACCRUED EXPEND	EXPEND
1794234P12345N00	103F	94100F242	78040	2221	0.00	0.00	0.00	65.00

12. References:

- a. COMDTINST M4050.6, Coast Guard Personal Property Transportation Manual.
- b. COMDTINST M4600.12, Travel Manual.
- c. Joint Federal Travel Regulations, Volume I.

TRAVEL VOUCHER OR SUBVOUCHER				(Complete by typewriter, ink, or ball point pen (PRESS HARD) do not use pencil)				10. FOR DO USE ONLY-	
READ PRIVACY ACT STATEMENT ON REVERSE PRIOR TO COMPLETING THIS FORM								DO VOUCHER NO.	
LAST NAME, FIRST NAME, MIDDLE INITIAL (Print/Type)				GRADE/RANK		SSN		DITY	
Smith, Sam N.				ENS/O-1		123-12-1234		SUBVOUCHER NO.	
CHECK MAILING ADDRESS (Include ZIP Code)				DUTY PHONE NO.		PAID BY			
1234 Water Way, Portsmouth, VA 23702				(804) 396-5731					
ORGANIZATION AND STATION									
USCGC Neversail									
TRAVEL ORDERS (Paragraph, S.O. No., Issuing Hq., Date) (Include amending orders)									
1294234P12345									
PRIOR TRAVEL PAYMENTS OR ADVANCES UNDER THESE ORDERS (Amount, DO Voucher No., Date Received, Place paid, or DO Station No. If none, so state)									
\$100.00 Advance on DITY move.									
1. ITINERARY (See item 23 for Symbols)									
DATE	LOCAL TIME (24 Hour Clock)	PLACE (Home, Office, Base, Activity, City and State, City and Country, etc.)	MODE OF TRAVEL	TRAVEL FOR STOP	COST OF LOGGING	NUMBER OF MEALS GOVT. DED.	OPEN MESS	POC MILES	
19 94									
Jan 15	0630	New London, CT	CA						
Jan 15	1630	Portsmouth, VA	MC						
	DEP								
	ARR								
	DEP								
	ARR								
	DEP								
	ARR								
	DEP								
	ARR								
	DEP								
	ARR								
	DEP								
	ARR								
	DEP								
	ARR								
5. REIMBURSABLE EXPENSES/CHARGE FOR DEDUCTIBLE MEALS * (See item 24)									
DATE	NATURE AND EXPLANATION				AMT CLAIMED	ALLOWED			
1/15/92	RYDER RENTAL AGREEMENT				295.00				
1/15/92	FUEL FOR RENTAL				95.00				
1/15/92	WEIGH TICKET				10.00				
						SUMMARY OF PAYMENT			
						Per Diem			
						Actual Expense			
						Mileage or Transp Allowances			
						Reimbursable Expenses			
						Total Entitlement			
						Less Previous Payments			
						Less Voucher Deductions			
						Amt Charged to Acctg Class			
						11. PAYMENT DESIRED			
						<input checked="" type="checkbox"/> CHECK <input type="checkbox"/> CASH			
						12. <input type="checkbox"/> PER DIEM REQUESTED			
8. LEAVE STATEMENT: _____ days _____ hours taken between _____ and _____						13. BAS RATE			
9. POC TRAVEL <input type="checkbox"/> OWNER/OPERATOR (See item 22d) <input type="checkbox"/> PASSENGER									
PENALTY: The penalty for willfully making a false claim is: A MAXIMUM FINE OF \$10,000 OR MAXIMUM IMPRISONMENT OF 5 YEARS, OR BOTH (U.S. Code, Title 18, Section 287.)									
I hereby claim any amount due me. The statements on face, reverse, and attached are true and complete. Payment or credit has not been received.						14. SIGNATURE OF CLAIMANT		DATE	
						Sam N. Smith		1/18/94	
15. ACCOUNTING CLASSIFICATION									
6940201 2/P/401/299/22/0/22/78040/2104									
16. COLLECTION DATA									
17. COMPUTED BY		18. AUDITED BY		19. TVL RCRO POSTED BY		20. RECEIVED (Payee signature and date or check no.)		21. AMOUNT PAID	

DD FORM 1351-2

EDITION OF 1 JUL 65 WILL BE USED UNTIL EXHAUSTED.

Exception to SF 1012 and 1013a approved by NARS, GSA April 1978.

Figure 12C-31 DD-1351-2, Travel Voucher or Subvoucher

APPLICATION FOR SHIPMENT AND/OR STORAGE OF PERSONAL PROPERTY (Before completing form, read Privacy Act Statement on reverse)		1. DATE PREPARED (YYMMDD) 93 - NOV - 12		2. SHIPMENT NUMBER 1/2	
3. NAME OF PREPARING OFFICE TRANSPORTATION OFFICE USCG ACADEMY, NEW LONDON, CT C706320		4. TO (Responsible origin Personal Property Shipping Office) a. NAME TRANSPORTATION OFFICER (FL)			
5. NAME OF DESTINATION PERSONAL PROPERTY SHIPPING OFFICE T.O. USCG BASE, 196 TRADD ST. (CAPS) CHARLESTON, SC 29401		b. ADDRESS (Street, City, State, Zip Code) U.S. COAST GUARD ACADEMY 15 MOHEGAN AVE NEW LONDON, CT 06320			
6. MEMBER OR EMPLOYEE INFORMATION (803) 724-7610/7613					
a. NAME (Last, First, Middle Initial) Smithe, Sam N.		b. RANK / GRADE ENS/O-1		c. SSN 123-12-1234	
				d. AGENCY U.S. COAST GUARD	
7. REQUEST ACTION BE TAKEN TO TRANSPORT OR STORE THE FOLLOWING					
a. HOUSEHOLD GOODS / UNACCOMPANIED BAGGAGE / ITEMS / NO. OF CONTAINERS (Enter quantity estimate)					
(1) POUNDS 1500 LBS		(2) POUNDS OF PROFESSIONAL BOOKS, PAPERS, AND EQUIPMENT (Enter none, if not applicable)		(3) EXPENSIVE AND VALUABLE ITEMS, NUMBER OF CARTONS	
b. MOBILE HOME INFORMATION (Enter dimensions in feet and inches)					
(1) SERIAL NUMBER		(2) LENGTH		(3) WIDTH	
				(4) HEIGHT	
				(5) TYPE (EXPANDO) (Describe)	
(6) MOBILE HOME SERVICES REQUESTED (X as applicable)					
(a) Contents Packed		(b) Mobile Home Blocked			
(c) Mobile Home Unblocked		(d) Stored at Origin		(e) Stored at Destination	
8. THIS SHIPMENT/STORAGE IS REQUIRED INCIDENT TO THE FOLLOWING CHANGE OF STATION ORDERS					
a. TYPE ORDERS (X one) (1) PERMANENT X (2) TEMPORARY		b. ISSUED BY COMDT USCG		c. NEW DUTY ASSIGNMENT CGC Neversail, PORTSMOUTH, VA	
d. DATE OF ORDERS (YYMMDD) 931104		e. ORDERS NUMBER 1294234P12345		f. IN TRANSIT TELEPHONE NO. (Include Area Code) 804 123-1234	
g. IN TRANSIT ADDRESS (Street, City, State, Zip Code) RT 1 BOX 1, ANYTOWN, NY 01234					
9. PICKUP (ORIGIN) INFORMATION			10. DESTINATION INFORMATION		
a. ADDRESS (Street, Address, City, County, State, and Zip Code) (If mobile home, also include mobile home court name) U.S. COAST GUARD ACADEMY (GSK) NEW LONDON, CT 06320			a. ADDRESS (Street, Address, City, County, State, and Zip Code) (If mobile home, also include mobile home court name) RT 1 BOX 1 ANYTOWN, NY 01234		
b. PHONE NUMBER (Include Area Code) (203) 444-1234			b. AGENT DESIGNATED TO RECEIVE PROPERTY Susie Smithe		
11. EXTRA PICKUP/DELIVERY ADDRESS (If applicable)					
12. SCHEDULED DATE (YYMMDD) FOR		a. PACK 93 Nov 24		b. PICKUP 93 Nov 24	
				c. DELIVERY 12/7/93	
13. REMARKS					
14. I CERTIFY THAT NO OTHER SHIPMENTS AND/OR NONTEMPORARY STORAGE HAVE BEEN MADE UNDER THESE ORDERS EXCEPT AS INDICATED BELOW (If none, indicate "NONE.")					
a. FROM		b. TO		c. NET POUNDS (Actual or est.)	
				d. POUNDS OF PROFESSIONAL BOOKS, PAPERS, EQUIPMENT (Actual or est.)	
15. CERTIFICATION OF SHIPMENT RESPONSIBILITIES/STORAGE CONDITIONS. I Certify that I have read and understand my shipping responsibilities and storage conditions printed on the reverse side of this form.					
a. SIGNATURE OF MEMBER/EMPLOYEE		b. DATE SIGNED		c. ADDRESS OF CONTRACTOR (Street, City, State and Zip Code)	
d. NAME OF CONTRACTOR (Origin OPM or non-temporary storage)					
16. CERTIFICATE IN LIEU OF SIGNATURE ON THIS FORM IS REQUIRED WHEN REGULATIONS SO AUTHORIZE. Property is baggage, household goods, mobile home, and/or professional books, papers and equipment authorized to be shipped at government expense.					
a. REASON FOR NONAVAILABILITY OF SIGNATURE		b. CERTIFIED BY (Signature)			
		c. TITLE			

DD Form 1299, DEC 85

/N 0102-LF-001-2992

Effective June 1, 1986 all previous editions of this form are obsolete.

Figure 12C-32 DD-1299, Application for Shipment and/or Storage of Personal Property

DEPARTMENT OF TRANSPORTATION U.S. COAST GUARD CG-5131 (Rev. 8-84)		STANDARD TRAVEL ORDER FOR MILITARY PERSONNEL		DATE	
FROM: SUPERINTENDENT, U.S. COAST GUARD ACADEMY			1. TRAVEL ORDER NO.		
TO: ENS S. N. Smithe, 123-12-1234			CIC-G 1294234P12345		
VIA:			2. AUTHORITY COMDT MSG 020023Z APR 94		
3. PROCEED AND REPORT IN THE ORDER LISTED BELOW:					
STATION/PLACE		NATURE OF DUTY		REPORTING TIME/DATE	
COMMANDING OFFICER		FASDU			
USCGC Neversail		(OBC 12345B)		RPT NLT 94 JAN 22	
		(BCN 1234567)			
4. a. THIS ORDER CONSTITUTES A PERMANENT CHANGE OF STATION FROM NEW LONDON, CT TO PORTSMOUTH, VA					
b. PERMANENT STATION REMAINS					
c. SUBMIT A NEW CG-3698, OFFICER ASSIGNMENT DATA CARD OR CG-4926, ENLISTED ASSIGNMENT/DATA FORM, AS APPLICABLE, IN ACCORDANCE WITH CURRENT DIRECTIVES.					
5. UPON COMPLETION OF THIS TEMPORARY ADDITIONAL DUTY, YOU WILL RETURN TO YOUR REGULAR STATION AND RESUME YOUR REGULAR DUTIES. <input type="checkbox"/> VISIT/REVISIT AUTHORIZED IN CONNECTION WITH THIS TEMPORARY ADDITIONAL DUTY.					
6. DELAY AUTHORIZED: (Days) LEAVE, OTHER DELAY AS AUTHORIZED BY REGULATIONS OR ENDORSEMENT HEREON.					
7. LEAVE (Address/Phone)			8. RECORDS DISPOSITION: SERVICE: MAILED PAY: PPC HEALTH: MAILED		
9. TRAVEL NECESSARY TO THE EXECUTION HEREOF IS REQUIRED IN THE PUBLIC INTEREST AND IS AUTHORIZED CHARGEABLE AGAINST:					
APPROPRIATION	OPERATING GUIDE	COST ACCOUNT	OBJECT ACCOUNT	PROJECT NUMBER	
6940201	-----	SEE BELOW	-----	-----	
10. TRAVEL IS AUTHORIZED OR DIRECTED AS INDICATED BELOW: (Check appropriate block)					
<input checked="" type="checkbox"/> a. FOR ENLISTED PERSONNEL PERMANENT CHANGE OF STATION ONLY (Including temporary duty en route): TRAVEL BY PRIVATELY OWNED CONVEYANCE IS AUTHORIZED. (See Section 4-D, Personnel Manual)					
b. TRAVEL VIA GOVERNMENT TRANSPORTATION IS DIRECTED BEYOND THE CONTINENTAL LIMITS OF THE U.S. WHEREVER AVAILABLE. TRAVEL VIA COMMERCIAL CARRIER IS AUTHORIZED WHEN GOVERNMENT TRANSPORTATION IS NOT AVAILABLE. FOR MAC, CLASS TWO PRIORITY IS CERTIFIED.					
c. TRAVEL IS DIRECTED BY COMMERCIAL CARRIER ON TRANSPORTATION REQUESTS, WHEN TRANSPORTATION REQUESTS ARE AVAILABLE. OTHERWISE AT OWN EXPENSE, SUBJECT TO REIMBURSEMENT.					
<input checked="" type="checkbox"/> d. TRAVEL AT OWN EXPENSE IS AUTHORIZED, SUBJECT TO REIMBURSEMENT. (This alone does not authorize Enlisted Personnel to travel by privately owned conveyance.)					
e. FOR TEMPORARY ADDITIONAL DUTY ORDERS ONLY: (1) Travel by privately owned conveyance is authorized and is more advantageous to the Government. (2) Travel by privately owned conveyance is authorized. (Authorized only when sufficient leave to allow safe driving is granted.)					
11. A RELEASE FROM MANDATORY ASSIGNMENT TO GOVERNMENT HOUSING MUST BE OBTAINED FROM YOUR NEW COMMAND PRIOR TO PROCURING HOUSING IN THE CIVILIAN SECTOR OF THE AREA SURROUNDING YOUR NEW DUTY STATION.					
12. ADDITIONAL INSTRUCTIONS ACCTG DATA: 6940201 2/P/401/299/22/0/22/78040/2104 AUTHORIZED ADVANCE MILEAGE AND PERDIEM AUTHORIZED 30 DAYS NONCHARGEABLE GRADUATION LEAVE. MEMBERS HOME OF RECORDS: ANYTOWN, NY DITY MOVE IS AUTHORIZED					
13. DISTRIBUTION: COMDT(G-PIM-2/0), ACADEMY (PRU/PE/CA/ACC/SR), CG FINCEN, USCGC					
14. AUTHENTICATING SIGNATURE R. K. GUARD, YNCS, USCG			15. ORDERS RECEIVED (Date, Place, Signature of Traveler) 93 DEC 22 NEW LONDON, CT		

PREVIOUS EDITION MAY BE USED

SN 7530-01-072-9950

Figure 12C-33 CG-5131, Standard Travel Order for Military Personnel